

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/700338

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
	1					52					
	1					53					
	2					54					
	1					55					
	1					56					
	1					57					
1						58					
1						59					
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						97					
						98					
						99					
						100					
3	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓
7	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓
10						TOTAL CLAIMS					